Labor Organization Officer and Employee Report

U.S. Department abor
Employment Standards Administration
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

. Name and address of person filing		2. Name and address of la	bor organization	
Edgar Romney, Vice President UNITE General Office 275 Seventh Avenue, 11th Floor New York, NY 10001				
. Position in labor organization	4. Date fiscal year	ended	5. File number (if as	signed)
12/3:			None 01956	
nter appropriate data below if, during the past fl erests (except as specified in the exclusions set			rectly or indirectly ha	d any of the following in-
Held an interest in, engaged in transactions (employer whose employees your organization)			r economic benefit of	monetary value from an
. Name of Employer UNITE			5 Seventh Avenue, w York, NY 10001	, 11th Floor
. Nature of Interest, Transaction or Income Member of the Board of Directors of				
Held an interest in or derived income or econom from, selling or leasing to, or otherwise dealing or seeking to represent, or (2) any part of which co- organization or with a trust in which your labor or	with the business of a naists of buying from	an employer whose employee or selling or leasing directly o	s your labor organization	on represents or is actively
. Name of business		Address of business		
Amalgamated Bank Of New York	15 Union Square New York, NY 10003			
. Business deals with—		10. If 9B or 9C is checked	The second secon	s name
☐ A. Labor Organization ☐ B. Trust	☐ C. Employer			
25 Class A/Voting Shares and 25 i	Aremco/Preffere	d B Shares valued at	\$255.00 per shar	re
Nature of interest held or income received				600
\$622.73				Reord &
				007292003
				PROP DROP
Received from any employer (other than an e any payment of money or other thing of value	mployer covered unc	der parts A and B above) or fr	om any labor relations	consultant to an employer
3. Name and address of employer or	consultant	14. Nature of payment		
None		None		
IF MORE S	SPACE IS NEEDED	ATTACH ADDITIONAL SH	EETS	
Signature and verification—The undersigned of the attachments incorporated therein or referred correct and complete?				
igned: Call h Many	at New York,	NY		on 10/22/03
	City		State	Date
				Form LM-30 (Rev. 19